STATEMENT OF DEFICIENCIES		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CO	ONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A RIJU DING 01		COMPLETED	
		155512	A. BUILDING 05/10		05/10/2011	
			B. WING	ADDRESS, CITY, STATE, ZIP CODE		
NAME OF P	PROVIDER OR SUPPLIER	L		MAIN ST		
DDOVEN	IA SACRED HEART	THOME		viain 51 a, IN46710		
	IA SACKED HEAKT	TIOME	AVILLA	., 11407 10		
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(X5)	
PREFIX		CY MUST BE PERCEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA		
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)	DATE	
K0000						
	A Life Safety Co	ode Recertification	K0000	Submission of the plan of	uation	
	and State Licen	sure Survey was		correction and credible alleg of compliance does not cons	·	
	conducted by t	he Indiana State		an admission by the certified		
	Department of	Health in		licensed provider at Provens		
	-	h 42 CFR 483.70(a).		Sacred Heart Home that the		
	accordance wit	11 12 CTR 103.70(u).		allegations contained in the		
	C	F /10 /11		survey report are a true and		
	Survey Date: 0	5/10/11		accurate portrayal of the pro		
				of nursing care and services this health care facility. Prov		
	Facility Numbe	r: 000404		Sacred Heart Home, as a	/ena	
	Provider Numb	er: 155512		licensed and certified provid	er.	
	AIM Number: 1	100290810		recognizes its obligation to	, l	
				provide legally and medically		
	Surveyor: Amy	Kelley, Life Safety		required care and services to		
	Code Specialist			residents in an economic an		
	Code Specialist	•		efficient fashion. Please acc		
				this plan of correction as our written credible allegation of		
		ety Code survey,		compliance.		
	Provena Sacred	Heart Home was				
	found not in co	ompliance with				
	Requirements f	for Participation in				
	Medicare/Medi	caid, 42 CFR				
	Subpart 483.70					
	•	he 2000 edition of				
	the National Fir					
		FPA) 101, Life Safety				
		apter 19, Existing				
	Health Care Oc	· ·				
	Safety Code (LS	SC), Chapter 18,				
	New Health Care Occupancies in					
	the H wing and	410 IAC 16.2.				
	3					
	This one story	facility with a				
	Tills one story	iacinty with a				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any defiency statement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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		XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155512	(X2) MULTIPLE CO A. BUILDING B. WING	01	(X3) DATE SI COMPLE 05/10/20	TED
	PROVIDER OR SUPPLIER		515 N N	ADDRESS, CITY, STATE, ZIP C MAIN ST , IN46710	ODE	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
	to be of Type II and was fully s facility has a fill with smoke detectorridors, areas corridors and refacility has a call had a census of this survey. Quality Review by Safety Code Special 05/17/11. This facility was compliance with aforementioned.	s open to the esident rooms. The spacity of 133 and f 111 at the time of Robert Booher, REHS, Life list-Medical Surveyor on s found not in h the				

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STATEMENT OF DEFICIENCIES		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CC	NSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	01	COMPLETED	
155512		B. WING		05/10/2011		
NAME OF F	PROVIDER OR SUPPLIER	<u>u</u>	STREET A	ADDRESS, CITY, STATE, ZIP CODE		
			1	MAIN ST		
PROVEN	IA SACRED HEART	ГНОМЕ	AVILLA	, IN46710		
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(X5)	
PREFIX	*	CY MUST BE PERCEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA		
TAG		LSC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)	DATE	
K0017 SS=E		arated from use areas by with at least ½ hour fire				
33-E		In sprinklered buildings,				
	partitions are only	required to resist the				
		e. In non-sprinklered				
		operly extend above the walls may terminate at the				
		igs where specifically				
		e. Charting and clerical				
		reas, dining rooms, and				
	, ,	by be open to the corridor				
		ditions specified in the Code. e separated from corridors				
		valls if the gift shop is fully				
	sprinklered.) 19	.3.6.1, 19.3.6.2.1, 19.3.6.5	1			
	Based on obser	vation and	K0017	An electrically supervised	05/25/2011	
	interview, the f	acility failed to		automatic smoke detector is installed in the reception office		
	ensure 1 of 1 re	eception offices		All other office areas were	~·	
	was separated	from the corridors		checked to ensure automation	;	
	by a partition c	apable of resisting		smoke detectors in place.	1-	
	the passage of	smoke as required		Property Manager responsbi and will monitor.	ie	
	in a sprinklered	d building, or met		and will monitor.		
	an Exception.	LSC 19-3.6.1,				
	Exception # 6,	Spaces other than				
	patient sleeping	g rooms, treatment				
	rooms, and haz	zardous areas may				
	be open to the	corridor and				
	•	ea provided: (a) The				
	space and corri	· ·				
	space opens or					
		tment are protected				
	by an electrical	·				
	automatic smo					
	system, and (b)					
	protected by ar					
	-	(c) The space is				
	John Mers, and	(c)e space is				

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUI	LDING	NSTRUCTION 01	(X3) DATE : COMPL 05/10/2	ETED	
		100012	B. WIN		ADDRESS, CITY, STATE, ZIP CODE	03/10/2	
NAME OF PROVIDER OR SUPPLIER					MAIN ST		
PROVEN	IA SACRED HEAR			1	, IN46710		
(X4) ID		STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE		(X5)
PREFIX TAG	`	NCY MUST BE PERCEDED BY FULL R LSC IDENTIFYING INFORMATION)		PREFIX TAG	CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TΕ	COMPLETION DATE
		o obstruct access to					D.H.E
		This deficient					
	· ·	affect all residents					
	⁻	e reception area and					
	evacuated thro	-					
	entrance.	rugii tile illalli					
	entrance.						
	Findings includ	de:					
	Based on an ol	oservation with the					
	Property Mana	ger on 05/10/11 at					
	10:50 a.m., an	accordion style					
	door was used	to close off the					
	reception offic	e at night.					
	Furthermore, E	exception # 6,					
	requirement (a) of the LSC Section					
	19-3.6.1 was r	not met because the					
	reception offic	e was not protected					
	by an electrica	lly supervised					
	automatic smo	ke detection					
	system. This v	vas acknowledged					
	by the Mainten	ance Director at the					
	time of observ	ation.					
	3.1-19(b)						
	J.1-19(D)						
170044	Horizontal avita it	fund are in accordance					
K0044 SS=E	with 7.2.4. 19.2	f used, are in accordance					
30-L							

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 155512		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			(X3) DATE SURVEY COMPLETED 05/10/2011		
NAME OF PROVIDER OR SUPPLIER PROVENA SACRED HEART HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 515 N MAIN ST AVILLA, IN46710				
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	ATE	(X5) COMPLETION DATE
	continued from ground. Section fire barriers separeas between horizontal exits 2-hour fire results shall provide a continuous to edicient practice eight of ten small and the exception of the exception of the two hour firm the two hour firm eets the corrowas stuffed wiinsulation. Based building's original plans and interproperty Manager property Manager plans and interproperty Manager property property manager property manager property property manager property pro	fire barrier walls roof decking to n 7.2.4.3.1 stated barating building which there are s shall have a distance rating and separation that is ground. This ce could affect oke compartments. e: vations with the ger on 05/10/11 to 1:47 p.m., with of the fire barrier and the new H where the drywall of the barrier wall digated roof decking th fiberglass ed on review of the nal construction view with the ger at 2:00 p.m., the identified as two	K	0044	Fire Barriers LLC will will infire stop joint system where drywall fire barrier meets the corrugated roof decking at the of 8 of 10 fire barrier walls. Property Manager is responsand will monitor.	the e he top	06/09/2011

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155512	(X2) MULTIPL A. BUILDING B. WING	E CONSTRU 01	ICTION	(X3) DATE S COMPL 05/10/20	ETED
NAME OF I	PROVIDER OR SUPPLIER			EET ADDRES N MAIN S	SS, CITY, STATE, ZIP CODE		
PROVEN	NA SACRED HEART	HOME	I	LLA, IN46			
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL		ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	``	CY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFI TAG	CRO	ACH CORRECTIVE ACTION SHOULD BE OSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	E	COMPLETION DATE
K0051 SS=D	A fire alarm syster components, devide according to NFPA Code, to provide any part of the build complete fire alarm alarm initiation, au extinguishing systim patient sleeping provided that man 200 feet of nurse's located in the path written records of reliable second so Fire alarm system accordance with N maintenance are kis remote annuncis system to an appr 19.3.4, 9.6 Based on obserinterview, the fensure 1 of 1 serident room not installed will adversely affect Section 9.6.1.4 systems compliant National Fire A 72, 2–3.5.1 received by air hid detectors shall where air flow	n with approved ces or equipment is installed A 72, National Fire Alarm effective warning of fire in Iding. Activation of the in system is by manual fire itomatic detection or em operation. Pull stations areas may be omitted ual pull stations are within is stations. Pull stations are in of egress. Electronic or tests are available. A urce of power is provided. IFPA 72 and records of itest readily available. There ation of the fire alarm oved central station. Total on St. Paul was here air flow would to their operation. requires fire alarm by with NFPA 72, larm Code. NFPA quires in spaces andling systems, not be located prevents operation s. This deficient	K0051	roc Ne gre air roc sm the	e smoke detector in reside om B12 on the St. Paul eighborhood was moved to eater then 3 feet from a sul duct. All other residents oms where checked to ens loke detectors were greate en 3 feet from a supply air ct. The Property Manager sponsbile and will monitor.	be pply ure er	05/25/2011

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

INGI21

Facility ID:

000404

If continuation sheet

Page 6 of 9

		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
		155512	A. BUILDING		01	05/10/2011	
		100012	B. WING	EET AI	DDRESS, CITY, STATE, ZIP CODE	00/10/2	
NAME OF P	ROVIDER OR SUPPLIER				AIN ST		
PROVEN	A SACRED HEART				IN46710		
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	`	CY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFI TAG		(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	E	COMPLETION DATE
IAG		· · · · · · · · · · · · · · · · · · ·	IAO	'			DATE
		. Paul in the event					
	of an emergend	-y.					
	Findings includ	e:					
	Rased on an ob	servation with the					
		ger on 05/10/11 at					
		smoke detector in					
		B12 on St. Paul was					
	located within t	three feet of a					
	supply air duct	. This was					
	acknowledged	by the Property					
	Manager at the	time of					
	observation.						
	3.1-19(b)						
K0056 SS=E	installed in accord Standard for the Ir Systems, to provio portions of the buil properly maintaine 25, Standard for th Maintenance of W Systems. It is fully reliable, adequate system. Required	matic sprinkler system, it is ance with NFPA 13, installation of Sprinkler de complete coverage for all liding. The system is ad in accordance with NFPA in the Inspection, Testing, and ater-Based Fire Protection of supervised. There is a water supply for the sprinkler systems are					
	switches, which ar	er flow and tamper e electrically connected to					
	the building fire ala	-	170056		1 Automatic aprinklar avatar	m will	06/20/2011
	1. Based on ob		K0056		 Automatic sprinkler syster be installed in accoordance v 		06/30/2011
	interview, the f	•			NFPA 13-1999 Edition, Section	on	
		omplete automatic n was provided for			5-13.8.1 under exterior roof overhangs that exceed 4 feet	t in	
		•					

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) M	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
				LDING	01	COMPLETED	
	155512		B. WIN	NG		05/10/20	111
NAME OF I	PROVIDER OR SUPPLIER		•	STREET A	ADDRESS, CITY, STATE, ZIP CODE	•	
				1	MAIN ST		
PROVEN	NA SACRED HEAR	ГНОМЕ		AVILLA	, IN46710		
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	` `	CY MUST BE PERCEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	ГЕ	COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)		DATE
	2 of 2 building				width. Further inspection of building found 4 additional a		
	accordance wit	h NFPA 13,			where exterior roof overhang		
	Standard for In	stallation of			exceeded four feet, automati		
	Sprinkler Syste	ms, to provide			sprinkler system will be insta		
	complete cover	rage for all portions			in those areas also. Propert		
	of the building	. NFPA 13-1999			Manager is responsible and		
	1	n 5-13.8.1 requires			monitor.2. Sprinkler heads v moved in resident room 12 o		
		l be installed under			Anthony ensuring correct	0	
	exterior roofs				distance and coverage of roo		
		et in width. This			Property Manager is respons		
	1				and will monitor.Due to the w	-	
	deficient practice could affect all				involved we are requesting a extention to the date of	ın	
		uated through the			completion for this automatic	,	
		ng room exit and			sprinkler work.		
		a dock exit in the			5-11-2011 telephone calls ma		
	event of an em	ergency.			to solicit vendor quotes5-12		
					5-17-2011 vendors in buildin inspect building sprinkler	g to	
	Findings includ	le:			system and make		
					recommendations for		
	Based on obse	rvations with the			corrections5-18-2011 vendor	·	
	 Property Mana	ger on 05/10/11			Shambaugh & Son selected		
	1 ' '	n. to 2:45 p.m., the			work5-19-2011 quote receive		
	overhangs wer				from Shambaugh & Son sca #329 & 300 attached5-20-20		
	1	St. Francis dining			Shambaugh & Son vendor q		
		the dock area exit.			forwarded to Provena Corpo		
					for review and approval5-26-		
	The St. Francis exit overhang				received Provena Corporate		
		ty two by eighty			approval of Shambaugh & S Quote attached document	OI)	
	four inches and				201105260905598725-26-20)11 fo	
	overhang was '	•			rwarded Provena approved		
	measured seven feet at the short				contract to Shambaugh &		
	end and eleven	feet six inches at			Son5-26-2011 received	.	
	the long end.	Measurements			statement; Shambaugh and fire Protection will complete to		
	were provided	by the Property			work by June 30, 2011, see		
	Manager at the	time of			attached scan # 332. We are	,	

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155512		A. BUILDING	CONSTRUCTION 01	COM	TE SURVEY MPLETED D/2011
NAME OF PROVIDER OR SUPPLIER PROVENA SACRED HEART HOME			N MAIN ST	ATE, ZIP CODE	
SUMMARY S (EACH DEFICIENT REGULATORY OR Observation. 3.1–19(b) 2. Based on observed interview, the frequency of the separated as required by Section 5–6.3.4 be located no observed on compactice could as in St. Anthony is emergency. Findings include Based on an observed on compactice could as in St. Anthony is emergency.	THOME TATEMENT OF DEFICIENCIES CY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION) Description and acility failed to prinkler heads in 12 on St. Anthony by at least six feet NFPA 13. NFPA 13, be requires sprinklers aloser than six feet enter. This deficient affect one resident in the event of an e: Description with the ger on 05/10/11 at aident room 12 on two sprinkler e resident's bed	STRE 515 AVIL	N MAIN ST .LA, IN46710 PROVIDERS I (EACH CORRECTIVE CROSS-REFERENCE DEFENCE) requesting 6-	PLAN OF CORRECTION VE ACTION SHOULD BE JED TO THE APPROPRIATE FICIENCY) -30-11 to be the date	(X5) COMPLETION DATE
provided by the	Property Manager				
	PROVIDER OR SUPPLIER SUMMARY S (EACH DEFICIENT REGULATORY OR observation. 3.1–19(b) 2. Based on observation. 3.1–19(b) 2. Based on observation. were 2 of 3 servident roomserview, the feasure 2 of 3 servident roomserview of the service of th	PROVIDER OR SUPPLIER JA SACRED HEART HOME SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) observation. 3.1–19(b) 2. Based on observation and interview, the facility failed to ensure 2 of 3 sprinkler heads in resident room 12 on St. Anthony were separated by at least six feet as required by NFPA 13. NFPA 13, Section 5–6.3.4 requires sprinklers be located no closer than six feet measured on center. This deficient practice could affect one resident in St. Anthony in the event of an emergency. Findings include: Based on an observation with the Property Manager on 05/10/11 at 12:50 p.m., resident room 12 on St. Anthony had two sprinkler heads above the resident's bed that were located sixty seven inches apart. Measurements were provided by the Property Manager at the time of observation.	DENTIFICATION NUMBER: 155512 A BUILDING B WING PROVIDER OR SUPPLIER A SACRED HEART HOME SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Observation. 3.1–19(b) 2. Based on observation and interview, the facility failed to ensure 2 of 3 sprinkler heads in resident room 12 on St. Anthony were separated by at least six feet as required by NFPA 13. NFPA 13, Section 5–6.3.4 requires sprinklers be located no closer than six feet measured on center. This deficient practice could affect one resident in St. Anthony in the event of an emergency. Findings include: Based on an observation with the Property Manager on 05/10/11 at 12:50 p.m., resident room 12 on St. Anthony had two sprinkler heads above the resident's bed that were located sixty seven inches apart. Measurements were provided by the Property Manager at the time of observation.	PROVIDER OR SUPPLIER IA SACRED HEART HOME SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 2. Based on observation and interview, the facility failed to ensure 2 of 3 sprinkler heads in resident room 12 on St. Anthony were separated by at least six feet as required by NFPA 13. NFPA 13, Section 5–6.3.4 requires sprinklers be located no closer than six feet measured on center. This deficient practice could affect one resident in St. Anthony in the event of an emergency. Findings include: Based on an observation with the Property Manager on 05/10/11 at 12:50 p.m., resident room 12 on St. Anthony had two sprinkler heads above the resident's bed that were located sixty seven inches apart. Measurements were provided by the Property Manager at the time of observation.	OF CORRECTION 155512 A. BUILDING 1 CON 05/10 PROVIDER OR SUPPLIER IA SACRED HEART HOME SUMMARY STATEMENT OF DEFICIENCIPS (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Observation. 3.1–19(b) 2. Based on observation and interview, the facility failed to ensure 2 of 3 sprinkler heads in resident room 12 on St. Anthony were separated by At least six feet as required by NFPA 13. NFPA 13, Section 5–6.3.4 requires sprinklers be located no closer than six feet measured on center. This deficient practice could affect one resident in St. Anthony in the event of an emergency. Findings include: Based on an observation with the Property Manager on 05/10/11 at 12:50 p.m., resident room 12 on St. Anthony had two sprinkler heads above the resident's bed that were located sixty seven inches apart. Measurements were provided by the Property Manager at the time of observation.